

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

ADDRESS (number and street)

330 WEST 42ND STREET, 7TH FLOOR

☐Check if different  
than previously  
reported. (ACC)

NEW YORK

NY

10036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00348540

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☒July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

21

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

KEVIN FINNEGAN

Signature of Treasurer

Electronically Filed by KEVIN FINNEGAN

Date

07

31

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 26

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period:

From:

M M  
0 4D D  
2 1Y Y Y Y  
2 0 0 9

To:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		822096.41
(b) Cash on Hand at Beginning of Reporting Period .....	925671.70	
(c) Total Receipts (from Line 19) .....	1208522.32	3309476.17
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	2134194.02	4131572.58
7. Total Disbursements (from Line 31) .....	1470711.47	3468090.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	663482.55	663482.55
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	396998.66	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	4	2	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	6	3	0	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	150.00	150.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	1208319.23	3309273.08
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1208469.23	3309423.08
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	1208469.23	3309423.08
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	53.09	53.09
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1208522.32	3309476.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1208522.32	3309476.17

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	4100.00	30279.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	4100.00	30279.00
22. Transfers to Affiliated/Other Party Committees.....	1454985.00	1454985.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	10967.58	1982115.24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	185.00	201.10
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	185.00	201.10
29. Other Disbursements.....	473.89	509.69
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1470711.47	3468090.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1470711.47	3468090.03

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 26

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	1208469.23	3309423.08
34. Total Contribution Refunds (from Line 28(d)) .....	185.00	201.10
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1208284.23	3309221.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4100.00	30279.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4100.00	30279.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)

MITRA BEHROOZI

Mailing Address 123 LINCOLN PLACE

City

BROOKLYN

State

NY

Zip Code

11217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NATIONAL BENEFIT FUND-1199

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	9	

Transaction ID: SA11AI.6822

Amount of Each Receipt this Period

150.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) .....

150.00

TOTAL This Period (last page this line number only) .....

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 26

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)

TD BANK

Mailing Address 1710 ROUTE 70 EAST

City

CHERRY HILL

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

53.09

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA17.6816

Amount of Each Receipt this Period

53.09

INTEREST INCOME

**SUBTOTAL** of Receipts This Page (optional) .....

53.09

**TOTAL** This Period (last page this line number only) .....

53.09

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

HOROWITZ & ULLMANN, P.C.

Mailing Address 275 MADISON AVENUE  
SUITE 902

City State Zip Code  
NEW YORK NY 10016

Purpose of Disbursement  
ACCOUNTING FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.6809

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4100.00

SUBTOTAL of Disbursements This Page (optional) .....

4100.00

TOTAL This Period (last page this line number only) .....

4100.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 / 26

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)

SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City  
WASHINGTONState  
DCZip Code  
20005Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.6800

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	9

Amount of Each Disbursement this Period

948986.00

**B.**

Full Name (Last, First, Middle Initial)

SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City  
WASHINGTONState  
DCZip Code  
20005Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.6801

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	0	9

Amount of Each Disbursement this Period

505999.00

SUBTOTAL of Disbursements This Page (optional) .....

1454985.00

TOTAL This Period (last page this line number only) .....

1454985.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)

TAKARA BUNN

Mailing Address 200 BETHEL LOOP  
APT. 6F

City State Zip Code  
BROOKLYN NY 11239

Purpose of Disbursement  
REFUND OF UNITEMIZED CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB28A.6824

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2009

Amount of Each Disbursement this Period

105.00

**B.**

Full Name (Last, First, Middle Initial)

MONICA KEITH

Mailing Address 1405 PARK AVENUE  
APT. 13D

City State Zip Code  
NEW YORK NY 10029

Purpose of Disbursement  
REFUND OF UNITEMIZED CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB28A.6826

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2009

Amount of Each Disbursement this Period

80.00

**SUBTOTAL** of Disbursements This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

185.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

1199 SEIU DUES ACCOUNT

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City State Zip Code  
NEW YORK NY 10036

Purpose of Disbursement  
REFUND OF DEPOSIT INTO WRONG ACCOUNT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.6810

Date of Disbursement

/   /

Amount of Each Disbursement this Period

423.89

SUBTOTAL of Disbursements This Page (optional) .....

423.89

TOTAL This Period (last page this line number only) .....

423.89

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

8091.98

Transaction ID: SD10.6240

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8091.98

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

65588.32

Transaction ID: SD10.6241

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

65588.32

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

14545.49

Transaction ID: SD10.6242

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14545.49

1) **SUBTOTALS** This Period This Page (optional).....

88225.79

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 13 / 26

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

3157.42

Transaction ID: SD10.6243

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3157.42

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

56833.56

Transaction ID: SD10.6244

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

56833.56

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

82522.06

Transaction ID: SD10.6245

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

82522.06

1) **SUBTOTALS** This Period This Page (optional).....

142513.04

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 14 / 26

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

78033.76

Transaction ID: SD10.6246

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

78033.76

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

2812.96

Transaction ID: SD10.6247

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2812.96

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

5095.64

Transaction ID: SD10.6248

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5095.64

1) **SUBTOTALS** This Period This Page (optional).....

85942.36

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

12962.04

Transaction ID: SD10.6249

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12962.04

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

10997.70

Transaction ID: SD10.6284

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10997.70

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

7231.75

Transaction ID: SD10.6285

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7231.75

1) **SUBTOTALS** This Period This Page (optional).....

31191.49

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

3434.67

Transaction ID: SD10.6286

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3434.67

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

16789.92

Transaction ID: SD10.6287

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16789.92

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

9286.03

Transaction ID: SD10.6288

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9286.03

1) **SUBTOTALS** This Period This Page (optional).....

29510.62

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 17 / 26

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AMERICAN EXPRESSNature of Debt (Purpose):  
CATERING

Mailing Address P.O. BOX 2855

City State ZIP Code  
NEW YORK NY 10116-2855

Outstanding Balance Beginning This Period

240.00

Transaction ID: SD10.6289

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

240.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AVIS RENT A CAR SYSTEM, INC.Nature of Debt (Purpose):  
TRAVEL EXPENSES

Mailing Address 7876 COLLECTIONS CTR DRIVE

City State ZIP Code  
CHICAGO IL 60693

Outstanding Balance Beginning This Period

1156.12

Transaction ID: SD10.6540

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1156.12

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
JENNY BAUERNature of Debt (Purpose):  
REIMBURSEMENT FOR CATERING  
EXPENSES

Mailing Address 2 WILCOTT PARK

City State ZIP Code  
MEDFORD MA 02155

Outstanding Balance Beginning This Period

43.65

Transaction ID: SD10.6541

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

43.65

1) **SUBTOTALS** This Period This Page (optional).....

1439.77

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 18 / 26

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 LILLIAN CARINO

 Nature of Debt (Purpose):  
 REIMBURSEMENT FOR TRAVEL  
 EXPENSES

 Mailing Address 327 SAINT NICHOLAS AVENUE  
 APT. 2N

 City State ZIP Code  
 NEW YORK NY 10027-3609

Outstanding Balance Beginning This Period

45.00

Transaction ID: SD10.6508

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

45.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 ANTONELLA PECHTEL

 Nature of Debt (Purpose):  
 REIMBURSEMENT CATERING EX-  
 PENSE

Mailing Address 401 ROSE AVE

 City State ZIP Code  
 SCHENECTADY NY 12308

Outstanding Balance Beginning This Period

201.39

Transaction ID: SD10.6531

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

201.39

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SEIU COMMUNICATIONS CENTER INC.

 Nature of Debt (Purpose):  
 PHONE BANKING

Mailing Address 330 WEST 42ND STREET

 City State ZIP Code  
 NEW YORK NY 10036

Outstanding Balance Beginning This Period

1892.88

Transaction ID: SD10.6785

Amount Incurred This Period

0.00

Payment This Period

1892.88

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

246.39

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 19 / 26

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UNION TRAVEL MASTERCARDNature of Debt (Purpose):  
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code  
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

1897.47

Transaction ID: SD10.6517

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1897.47

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UNION TRAVEL MASTERCARDNature of Debt (Purpose):  
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code  
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

1849.15

Transaction ID: SD10.6518

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1849.15

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UNION TRAVEL MASTERCARDNature of Debt (Purpose):  
BEVERAGE EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code  
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

835.02

Transaction ID: SD10.6519

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

835.02

**1) SUBTOTALS** This Period This Page (optional).....

4581.64

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 20 / 26

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UNION TRAVEL MASTERCARDNature of Debt (Purpose):  
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code  
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

435.95

Transaction ID: SD10.6520

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

435.95

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UNION TRAVEL MASTERCARDNature of Debt (Purpose):  
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code  
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

1056.95

Transaction ID: SD10.6521

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1056.95

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UNION TRAVEL MASTERCARDNature of Debt (Purpose):  
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code  
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

2372.04

Transaction ID: SD10.6522

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2372.04

1) **SUBTOTALS** This Period This Page (optional).....

3864.94

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 21 / 26

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UNION TRAVEL MASTERCARDNature of Debt (Purpose):  
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code  
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

367.37

Transaction ID: SD10.6533

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

367.37

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UNION TRAVEL MASTERCARDNature of Debt (Purpose):  
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code  
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

262.40

Transaction ID: SD10.6535

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

262.40

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UNION TRAVEL MASTERCARDNature of Debt (Purpose):  
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code  
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

477.00

Transaction ID: SD10.6536

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

477.00

1) **SUBTOTALS** This Period This Page (optional).....

1106.77

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UNION TRAVEL MASTERCARDNature of Debt (Purpose):  
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code  
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

524.80

Transaction ID: SD10.6537

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

524.80

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UNION TRAVEL MASTERCARDNature of Debt (Purpose):  
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code  
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

1115.00

Transaction ID: SD10.6538

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1115.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UNION TRAVEL MASTERCARDNature of Debt (Purpose):  
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code  
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

419.84

Transaction ID: SD10.6539

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

419.84

1) **SUBTOTALS** This Period This Page (optional).....

2059.64

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 UNION TRAVEL MASTERCARD

 Nature of Debt (Purpose):  
 TRANSPORTATION COSTS

Mailing Address P.O. BOX 88000

City	State	ZIP Code
BALTIMORE	MD	21288

Outstanding Balance Beginning This Period

539.45

Transaction ID: SD10.6545

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

539.45

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 UNION TRAVEL MASTERCARD

 Nature of Debt (Purpose):  
 CATERING EXPENSES

Mailing Address P.O. BOX 88000

City	State	ZIP Code
BALTIMORE	MD	21288

Outstanding Balance Beginning This Period

2552.60

Transaction ID: SD10.6546

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2552.60

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 UNION TRAVEL MASTERCARD

 Nature of Debt (Purpose):  
 CATERING EXPENSES

Mailing Address P.O. BOX 88000

City	State	ZIP Code
BALTIMORE	MD	21288

Outstanding Balance Beginning This Period

3224.16

Transaction ID: SD10.6548

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3224.16

1) **SUBTOTALS** This Period This Page (optional).....

6316.21

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
US POSTMASTERNature of Debt (Purpose):  
POSTAGE FOR MEMBERSHIP MAILING

Mailing Address 421 8TH AVENUE, JAF WINDOW #76

City State ZIP Code  
NEW YORK NY 10199

Outstanding Balance Beginning This Period

913.00

Transaction ID: SD10.6784

Amount Incurred This Period

0.00

Payment This Period

913.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

0.00

2) **TOTALS** This Period (last page this line number only)..... ▶

396998.66

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

396998.66



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		FEC IDENTIFICATION NUMBER <b>C</b> C00348540	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee BENCOM LLC		Date M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 9	
Mailing Address 928 BROADWAY, SUITE 903		Amount 3300.00	
City State Zip Code NEW YORK NY 10010		Transaction ID: SE.6855	
Purpose of Expenditure CARD DESIGN-THIS IND- EP EXP. OCCURED ON 3/- 31/2009		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Special-General 2009	
Calendar Year-To-Date Per Election for Office Sought 477113.24			
Full Name (Last, First, Middle, Initial) of Payee CONSOLIDATED COLOR PRESS, INC.		Date M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 9	
Mailing Address 307 SEVENTH AVENUE STE. 602		Amount 4861.70	
City State Zip Code NEW YORK NY 10001		Transaction ID: SE.6856	
Purpose of Expenditure PRINTING MAILERS-THIS INDEP EXP. OCCURED ON 9/31/2009		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Special-General 2009	
Calendar Year-To-Date Per Election for Office Sought 481974.94			
(a) SUBTOTAL of Itemized Independent Expenditures .....		8161.70	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SEIU COMMUNICATIONS CENTER INC.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 05</div> <div style="border: 1px solid black; padding: 2px;">D 29</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	
Mailing Address 330 WEST 42ND STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1892.88</div>	
City State Zip Code NEW YORK NY 10036		<b>Transaction ID:</b> SE.6814	
Purpose of Expenditure PHONE BANKING		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Special-General</u> 2009	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">473813.24</div>	

  

Full Name (Last, First, Middle, Initial) of Payee US POSTMASTER		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 06</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	
Mailing Address 421 8TH AVENUE, JAF WINDOW #76		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">913.00</div>	
City State Zip Code NEW YORK NY 10199		<b>Transaction ID:</b> SE.6815	
Purpose of Expenditure POSTAGE FOR MEMBERSH- IP MAILING		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Special-General</u> 2009	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">477113.24</div>	

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;">2805.88</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
<b>(c) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;">10967.58</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEVIN FINNEGAN  
 Signature

Date

M  
07

D  
31

Y  
2009